



**Return Completed Form To:**  
 Camp MOE  
 314 Main Street  
 Torrington, CT 06790  
 860-618-2800  
 Fax: 860-489-2492

## 2018 Confidential Camper Information Form

*Due by June 1, 2018*

This form will be used for counselors to have a better understanding of your child in order for your child to have the best experience while he/she is at camp. Please visit our website to help guide your completion of this form.

Camper \_\_\_\_\_

Attended camp previously?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Attended Camp MOE previously?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Language(s) spoken \_\_\_\_\_

My child enjoys

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

My child does not enjoy

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

By the end of camp, I hope my child will (e.g. row a boat, sleepover, shoot a bow and arrow)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

General Behavior (please circle any that may impede your child's experience while at camp):

Animals    Following Directions    Large Groups    Loud Noises    Thunderstorms    Sleepovers

Other \_\_\_\_\_

Please provide additional information that will help us give your child the best experience at Camp MOE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_